

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Abilene, Kansas on 12/20/16, 12/21/16, and 12/27/16 resulted in no deficiency citations.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3028	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)</p> <p>The census equalled 18 the sample included three Residents. Based on reviews of records and interviews, for one of three sampled (#187), the Operator failed to thoroughly investigate incidents of medication errors to rule out potential neglect, and failed to maintain a written record of each investigation.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 4/16/10 with diagnoses of Degenerative disc disease, Gastroesophageal reflux disease, Hypertension, and Dementia. <p>The current 11/20/16 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with falls/unsteadiness, memory and cognitive impairment, with impaired cognition, and used a wheelchair.</p> <p>The current 11/20/16 negotiated service agreement (NSA) documented staff to provide services of medication and treatment management.</p> <p>Review of physician fax phone orders revealed three recent medication errors: 12/06/16 - Resident has missed dosage of Fentanyl 75mcg (micrograms). Patch was not changed when scheduled... no complaints. Physician response: Why not? Is Hospice in charge of this or facility staff?</p>	S3028		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3028	Continued From page 2 Facility response to physician: Facility staff administers medications. Patch is scheduled to be changed at bedtime, there was an emergency with another Resident. 12/12/16 - On 12/10/16 Certified medication aide gave Resident another Resident's Oxycodone at 1630. Resident does not have order for oxycodone. On call nurse notified Hospice of this error. On 12/11/16 Resident's Fentanyl patch 75mcg was due to be changed at 0700, was not changed until 0350 on 12/12/16. Hospice has been notified of this also. Physician response: Noted. What changes or action was taken to avoid this again? By interview on 12/21/16 at 3:55pm Health and Wellness Director stated we have changed the administration time of the patches... now doing the patch change in the day time... have verbally re-educated the Certified Medication Aide... we have an inservice scheduled... do not have anything documented as far as an investigation or corrective actions taken or scheduled. The Operator failed to thoroughly investigate incidents of medication errors for #187, to rule out potential neglect, and failed to maintain a written record of each investigation.	S3028		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3085	<p>Continued From page 3</p> <p>representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:</p> <p>(1) A description of the services the resident will receive;</p> <p>(2) identification of the provider of each service; and</p> <p>(3) identification of each party responsible for payment if outside resources provide a service.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)</p> <p>The census equalled 18 the sample included three Residents. Based on interviews and reviews of records, for two of three sampled (#187 and #185) the Operator failed to ensure the development of a written negotiated service agreement (NSA) for each Resident which included identification of each payment source if outside resources provide a service.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #185 admitted to facility 10/27/15 with diagnoses of Diabetes, Pneumonia, Atrial fibrillation, and, Atherosclerotic coronary artery disease. <p>The current functional capacity screen (FCS) of 12/14/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, mobility, medication and treatment management; incontinence, falls, vision and hearing impairment, used walker and wheelchair.</p>	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3085	<p>Continued From page 4</p> <p>The current negotiated service agreement (NSA) of 10/28/16 documented staff to provide medication management, dressing assistance, toileting assistance, transfer and mobility assistance; home health to provide physical and occupational therapy, bathing assistance and Diabetes management.</p> <p>- Review of record revealed #187 admitted to facility 4/16/10 with diagnoses of Degenerative disc disease, Gastroesophageal reflux disease, Hypertension, and Dementia.</p> <p>The current 11/20/16 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with falls/unsteadiness, memory and cognitive impairment, with impaired cognition, and used a wheelchair.</p> <p>The current 11/20/16 negotiated service agreement (NSA) documented staff to provide services to meet #187's identified needs. The NSA documented #187 receiving services from an outside provider, (Name of company) Hospice. The NSA documented (Name of company) Hospice provided incontinent supplies, a hospital bed, medications, and bathing assistance. The NSA failed to identify the payment source for Hospice.</p> <p>By interview on 12/21/16 at 3:55pm, Health and Wellness Director #A stated not aware the payment source needed... confirmed no payment source for Hospice on the NSA... stated payment source not one of the routine portions of the</p>	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3085	Continued From page 5 computerized NSA format we use, but could be added in as comments. The Operator failed to ensure the development of a written NSA for #185 and #187 which included identification of each payment source if outside resources provide a service.	S3085		
S3170 SS=D	26-41-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the facility. A copy of the medical care provider ' s order from a home health agency or hospice may be used. Medical care provider orders in the clinical records of a home health agency located in the same building as the facility may also be used if the clinical records are available to licensed nurses and direct care staff of the facility. (4) The administrator or operator shall ensure that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. (i) All health care services shall be provided to residents by qualified staff in accordance with	S3170		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3170	<p>Continued From page 6</p> <p>acceptable standards of practice</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i)</p> <p>The census equalled 18 the sample included three Residents. Based on review of records and interviews, for one of three sampled (#185), the Operator failed to ensure all health care services provided to Residents by qualified staff in accordance with acceptable standards of practice.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #185 admitted to facility 10/27/15 with diagnoses of Diabetes, Pneumonia, Atrial fibrillation, and, Atherosclerotic coronary artery disease. <p>The current functional capacity screen (FCS) of 12/14/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, mobility, medication and treatment management; incontinence, falls, vision and hearing impairment, used walker and wheelchair.</p> <p>The current negotiated service agreement (NSA) of 10/28/16 documented staff to provide medication management, dressing assistance, toileting assistance, transfer and mobility assistance; home health to provide physical and occupational therapy, bathing assistance and Diabetes management.</p>	S3170		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3170	<p>Continued From page 7</p> <p>Review of "Resident Log" (RL) notes included:</p> <p>9/23/16 - 0340 - Resident observed lying on floor by foot of bed on left side... complained of pain in left hip, staff observe small abrasion to left hip... Resident then sat up and stated that "hip felt better"... when staff assisted Resident with standing he/she could not bear weight on left leg... then had complaint of strong pain to left hip... staff notified nurse called emergency management services and notified family... Resident had turned off bed alarm...</p> <p>9/23/16 - Resident admitted to hospital at 1030 (fractured left hip, returned to facility 10/21/16)</p> <p>By review of facility self investigation information, notes documented "at 0340... lying on floor... staff attempted to sit Resident up, Resident complained of pain to Left hip... staff tried to roll Resident on to back but he sat up instead of rolling... staff had Resident move upper and lower extremities with only minor complaints of pain to left hip... staff then attempted to assist in standing Resident up with 2 assist... Resident was able to bear weight on Right lower extremity but was unable to bear weight on Left lower extremity... then had complaints of extreme pain to Left hip... nurse was notified and advised staff to send Resident to emergency room... staff notified nurse that Resident's pressure alarm had not sounded off when Resident had gotten out of bed... inspected alarm and found it to be in working order...</p> <p>These reviews revealed the lack of licensed nurse assessment of #185 when complaining of pain while on floor on left side. Reviews revealed certified staff on duty 9/23/16 attempted to "assess" #185's condition, attempted to reposition</p>	S3170		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ABILENE PLACE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3170	<p>Continued From page 8</p> <p>#185, and then assisted him/her to feet and into wheelchair prior to contact with licensed nurse or for an assessment by a licensed nurse.</p> <p>By interview on 12/21/16 at 3:33pm, Health and Wellness Director #A stated in regard to 9/23/16 incident: "No, nurse didn't assess before gotten up... #185 beared weight and complained of more pain... went to emergency room... had a fractured hip..."</p> <p>Health and Wellness Director #A stated our usual process when a fall occurs it that staff (certified staff no duty) will look Resident over to see if any injuries... will ask questions... certified staff then contacts the nurse... nurse will instruct staff on what to do...</p> <p>The Operator failed to ensure all health care services provided to #185 by qualified staff in accordance with acceptable standards of practice.</p>	S3170		